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04 MAY 14 PM 4:09

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

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| <p>1. Committee ID #: <u>4d, 7a</u> 2. Type of Filing: <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Items: Eff. Date: <u>5/19/04</u> 3. Full Name of Committee: <u>COMMITTEE FOR NATHAN VINSON</u> 4a. Candidate Full Name (Last, First, M.I.): <u>NINSON NATHAN</u> 4b. Political Party (if applicable): <u>DEMOCRAT</u> 4c. County of Residence: <u>MCCOMB</u> 4d. Office Sought (Check one): <input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Rep. <input type="checkbox"/> Sec. of State <input type="checkbox"/> Attorney Gen. <input type="checkbox"/> State Bd. of Ed. <input type="checkbox"/> UofM Reg. <input type="checkbox"/> MSU Trustee <input type="checkbox"/> WSU Gov. <input type="checkbox"/> Supreme Court <input type="checkbox"/> Appeals Court <input type="checkbox"/> Circuit Court <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Municipal Court <input type="checkbox"/> Local or other please specify: <u>Commissioner</u> 4e. District/Circuit # or Jurisdiction: <u>1</u> 5. Date Committee was Formed: <u>1/1</u> 6a. Committee Phone #: <u>(586) 759-1772</u> 6b. Committee Fax #: <u>(313) 872-4211</u> 6c. Committee E-mail Address: 7a. Complete Comm. Mailing Address (May be PO Box): <u>P.O. Box 152</u> <u>Warren MI 48091</u> 7b. Complete Comm. Street Address (May not be PO Box): <u>3399 Pearl</u> <u>Warren MI 48091</u> 8. Treasurer Name and Complete Address: <u>Delmetria Haynes</u> <u>7532 Milton</u> <u>Deleport Mich. 48237</u> Phone #: <u>(313) 348-5723</u> E-mail Address: 9. Designated Record Keeper Name and Complete Address: <u>NATHAN VINSON</u> <u>3399 Pearl</u> <u>Warren 48091</u> Phone #: <u>() - -</u> E-mail Address:</p> | <p>11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) a. Official Depository <u>NOTOWN FIRST FEDERAL</u> <u>CREDIT UNION</u> <u>2112 HOLBROOK</u> <u>HAMT. MI. 48212</u> b. Secondary Depository <u>NA</u> 12. <input type="checkbox"/> This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures. 13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office. The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement. <input type="checkbox"/> Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically. ** OR ** <input type="checkbox"/> Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily. 14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date) Candidate: <u>Nathan Vinson</u> <u>5/12/04</u> Current Treasurer: <u>Delmetria Haynes</u> <u>05/12/04</u> Designated Record Keeper (Required only if filing electronically): _____</p> |
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10. ☒ REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box; the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES.
SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FILED
03 JUN 19 2003
MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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| 1. Committee Identification No. <u>137238</u> | | |
| 2. Type of Filing a. <input checked="" type="checkbox"/> Original OR b. <input type="checkbox"/> Amendment to Item(s)# c. Date Change(s) Took Place <u> / / </u> | | |
| 3. Full Name Of Committee (must include candidate's first and last name) <u>COMMITTEE FOR NATHAN VINSON</u> | | |
| 4. Candidate Last Name <u>VINSON</u> First Name <u>NATHAN</u> M.I. <u> </u> | | |
| 4a. County of Residence <u>MC COMB</u> 4b. Political Party (If applicable) <u>DEMOCRATIC</u> | | |
| 4c. Office Sought (Check one) <input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov. WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Recorder's Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court | | |
| 4d. District # or Jurisdiction <u>City of Warren</u> <input type="checkbox"/> Local or Other (Please Specify <u>CITY COUNCIL</u>) | | |
| 5. Date Committee Was Formed <u>6-16-03</u> (Mo/Day/Yr) | | 6. Committee Area Code and Phone Number <u>5867591772</u> |
| 7. Committee Mailing Address (May be P. O. Box) Include Zip Code <u>P.O. Box 34603</u> <u>DETROIT MI 48234</u> | | 7a. Committee Street Address (May not be P. O. Box) <u>3399 PEARL</u> <u>WARREN MI 48091</u> |
| 8. <u>Treasurer</u> . Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please include Zip Code.) <u>Delmetria Hynes</u> <u>7532 Milton</u> <u>Detroit Michigan 48213</u> Area Code and Phone <u>313-348-5723</u> | | 9. <u>Designated Record keeper</u> . Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. Area Code and Phone <u> </u> |
| 10. <input checked="" type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived. | | |
| 11. Names and Addresses of depositories or intended depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) 11a. Official Depository: <u>MOTELN FIRST FEDERAL CREDIT UNION</u> <u>2112 HOLBROOK AVE</u> 11b. Secondary Depository: <u>HAMTRAC MI 48212</u> | | 12. This item applies only to a Gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding. |
| 13. Verification: I/we certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my/our knowledge or belief. | | |
| Current Treasurer <u>Delmetria Hynes</u> , <u>Delmetria Hynes</u> Type or Print Name Signature | | Date <u>06.16.03</u> Mo. Day Year |
| Candidate <u>NATHAN VINSON</u> , <u>[Signature]</u> Type or Print Name Signature | | Date <u>6.16.03</u> Mo. Day Year |

CLERK'S OFFICE
40 NORTH MAIN
MOUNT CLEMENS, MI 48043
(586) 469-5120
FAX: (586) 783-8184

REGISTER OF DEEDS
10 NORTH MAIN
MOUNT CLEMENS, MI 48043
(586) 469-5175
FAX: (586) 469-5130

Carmella Sabaugh

MACOMB COUNTY
CLERK/REGISTER OF DEEDS

June 20, 2003

Committee For Nathan Vinson
P.O. Box 34603
Detroit, MI 48234

#137238

Dear Committee For Nathan Vinson:

Enclosed is a copy of your recently filed Statement of Organization form. Please provide the following information and return the form to us at: Macomb County Clerk's Office, Elections Dept., 40 N. Main, Mt. Clemens, MI 48043.

- ___ Name of Committee
- ___ Office Sought
- ☒ Date Committee was Formed
- ☒ Committee Phone Number
- ☒ Committee Mailing Address
- ___ Treasurer's Name/Address
- ☒ District # or Jurisdiction
- ___ Name/Address of Depository
- ___ Signature of Candidate
- ___ Signature of Treasurer

If you have any questions about this information, feel free to contact the Elections Division at (586) 469-5209. Thank you.